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ABSTRACT

This manual is part of a series dealing with skills and information needed by students in dental assisting. The individualized student materials are suitable for classroom, laboratory, or cooperative training programs. This student manual contains three units covering the following topics: ethics and jurisprudence; the appointment book; and psychology for dental services auxiliaries. For each unit, student learning objectives, new terms and definitions, and information sheets are provided. A bibliography completes the booklet. (KC)

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Dental Office Procedures

Student's Manual

By
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and
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Foreword

This publication, *Dental Office Procedures*, is part of a new series dealing with skills and information needed by students in dental assisting. The design of the material makes it useful in a variety of training environments—classroom, laboratory, or cooperative training programs.

Although the material is individualized, it should be used under the supervision of a coordinator or instructor. For that reason, two basic publications are offered—a student's manual and an instructor's guide. The student's manual is written for the person in training. It includes the objectives and the information.

The instructor's guide provides a competencies progress chart, objectives, a sentence outline of the information, unit tests and answers, and learning activities and answers. Also included is a sample coordinating work sheet to match related instruction with job experience.

Although the manual and the guide are copyrighted, feel free to reproduce copies of the learning activities and tests. If you prefer, these same sheets can be ordered separately for individual students from the Center for Occupational Curriculum Development, P.O. Box 7218, The University of Texas at Austin, Austin, Texas 78712.

Jack E. Robertson, Director
Center for Occupational Curriculum Development

Preface

The dental assisting student needs current and relevant information. The material must relate directly to the dental assisting profession. Personnel, facilities, and patient demands vary greatly from one work setting to another. Because of this, we have tried to provide study materials and learning activities that are general enough for all students in dental assisting to use to increase their understanding and performance of the work.

Objectives: *After completing this unit, you will be able to–*

1. *discuss the difference between ethics and laws;*
2. *discuss ethical conduct as related to the practice of dentistry;*
3. *explain the requirements for certification of a dental assistant;*
4. *list the duties of a dental hygienist according to the State Dental Practice Act;*
5. *list the duties of a dental assistant according to the State Dental Practice Act;*
6. *discuss ways to prevent malpractice situations; and*
7. *identify acronyms for professional dentistry organizations.*

Unit
ONE

Ethics and Jurisprudence

New Terms and Definitions

ADA–American Dental Association; professional organization for licensed dentists.

ADAA–American Dental Assistants Association; professional organization of dental assistants, with local and state components, and a national office in Chicago. Membership in ADAA gives the dental assistant a representative voice in national dental auxiliary affairs. A professional journal and continuing education opportunities at the local, state, and national meeting are available to the members. Student memberships are available for students enrolled in American Dental Association *accredited* programs.

ADHA–American Dental Hygiene Association; professional organization for registered or licensed dental hygienists.

CDA–Certified Dental Assistant.

CDT–Certified Dental Technician.

ethics–a discipline dealing with what is good and bad and with moral duty; a set of moral principles or values.

jurisprudence, dental–those laws, and interpretations thereof, that apply to and affect the dental profession.

malign–to say or put in writing something that will damage, or destroy, an individual's reputation.

malpractice–any professional misconduct or unreasonable lack of skill in performance of duties; practice contrary to established rules.

NADL–National Association of Dental Laboratories; professional organization for registered or licensed dental laboratories. There is no national organization for individual laboratory technicians.

RDH–Registered Dental Hygienist.

slander–saying something that might destroy a reputation.

statute of limitations–the legal time limit within which a civil suit for an alleged wrong, such as malpractice, must be filed.

The dentist has chosen the responsibility of providing dental care to the public. There are certain constraints, legal and moral, that dictate to some extent how and by whom such care may be provided. In providing care, the dentist can use several categories of auxiliaries to perform specific tasks.

The dentist and the dental hygienist must be licensed by the state in which they choose to practice. The purpose of *licensure* is to protect the public from unqualified or incompetent practitioners. It is part of the law establishing minimum standards for the practice of dentistry within that state. Some states now also require that the other auxiliaries be licensed, registered, or certified.

Certification

Dental Assistant

Although not all states require formal education for dental assistants, minimal standards for the educationally qualified assistant include a program of at least one academic year in length. This must be conducted in a postsecondary educational institution that is accredited by the American Dental Association Commission on Accreditation of Dental and Dental Auxiliary Educational Programs.

Upon satisfactory completion of an ADA accredited program, the assistant is eligible to take the Certification examination. Certification is a special recognition given to the dental assistant who has achieved a high level of competence and ability in the field of dental assisting. It carries with it the prestige of a broad general knowledge and the ability to apply it properly.

Each year the Certified Dental Assistant (CDA) must take part in approved continuing education programs to maintain the status of "Currently Certified Dental Assistant."

Laboratory Technician

The dental laboratory technician constructs most of the appliances and prosthetic restorations used in the practice of dentistry. The appliances must be prescribed by a dentist. The technician then makes the appliances.

Laboratory technicians receive their training through apprenticeship, commercial schools, or nonprofit schools. Programs approved by the ADA are two academic years in length. They are preferably conducted in an accredited two- or four-year college or other postsecondary institution. The Certified Dental Technician program was established in 1958 by the National Association of Dental Laboratories in cooperation with the American Dental Association. While formal training may not at present be a requirement for certification, this accomplishment is an indication of an individual's determination to achieve higher levels of competency and qualification.

Certification for the laboratory technician is open to candidates for graduation from accredited schools of dental technology. After passing an examination and graduating, these persons are enrolled as *Recognized Graduate*. They must then complete the five-year education and experience requirements to take the Certified Dental Technician Examination. This examination is given by the National Board for Certification.

Managers and owners of dental laboratories are required to register their businesses with the State Board of Dental Examiners each year. Thus, you may also hear the term *Registered Dental Technician*. These laboratories come under the jurisdiction of the State Board of Dental Examiners. The board issues and renews certificates and registrations. No person, firm, association, corporation, or combination can offer or undertake in any manner to operate a dental laboratory or perform any acts described in the State Dental Practice Act without first having obtained a certificate from the State Board of Dental Examiners.

Ethics

Ethical situations arise for *all* members of the dental team during the performance of professional duties. The purpose of offering ethics as a unit of instruction is to make you aware that a dentist's professional conduct, and yours, is governed by state law and/or the voluntary ethical standards established by professional organizations.

Ethics deals with moral conduct, duty, and judgment. It is concerned with standards for judging whether actions are right or wrong. A Code of Ethics is the standard to which a profession adheres.

"A decision is ethical if: it enhances self-respect, develops personal integrity and integrity in relationships, dissolves unreal barriers between people, builds a core of genuine confidence in self and others, and facilitates the actualizing of human potential without bringing harm to others.

"A decision is *not ethical* if, as a result, a person is exploited and used as an inhuman object, if human life is threatened for ulterior purposes; if barriers are built between people; if human potentials are belittled, squelched, or ignored; and if there is no possibility of free choice."[1]

Dental Jurisprudence

Dental jurisprudence is the science of law that relates specifically to the practice of dentistry.

Violations of a code of ethics are usually resolved within the profession itself, with the greatest penalty being exclusion from the professional organization.

A violation of a legal principle, on the other hand, is an act against society itself and may result in disciplinary action by a court of law or by the State Board of Dental Examiners.

1. Ann Ehrlich, *Ethics and Jurisprudence* (Champaign, Ill.; Colwell, 1976), p. 5.

There is some overlap between laws and ethics. There is no body of law that may be identified as dental law per se. Instead, the scope of the legal aspects of dentistry must span state and civil law.

As an auxiliary, you may not be required by law to be licensed or registered, but your actions and legal responsibilities are controlled by your state's Dental Practice Act.

It is extremely important that you understand the areas of the State Dental Practice Act that can affect you and the dentist you are associated with.

State Dental Practice Act

Each individual state controls the practice of dentistry through a state law known as the State Dental Practice Act. The purpose of this act is to protect the public from being mistreated by incompetent practitioners.

The act specifies the requirements for, and the restrictions concerning the practice of dentistry within that particular state. In Texas, for example, it includes:

- Qualifications for licensure
- Conduct of a licensed practitioner
- Duties of auxiliary personnel
- Definitions of specialty areas of dental practice

State Board of Dental Examiners

The State Board of Dental Examiners is an agency of each individual state. Its basic responsibility is to administer and *enforce* the Dental Practice Act of that state.

One of its functions is the examination of applicants and the granting of licenses. Another is to deal with misconduct, incompetence, and public dental health matters.

In Texas, the regulation of duties of the dental auxiliary comes under the administration of the State Board of Dental Examiners. In nearly all states, board members are appointed by the governor, often from a list of nominees supplied by the State Dental Association.

The State Dental Practice Act issued by

the State Board of Dental Examiners will give you a specific, accurate, and up-to-date listing of permitted legal duties for all dental auxiliaries.

The dentist who permits a dental assistant to do something not specifically permitted by law is in violation of the State Dental Practice Act and can be held accountable by the State Board of Dental Examiners.

The dentist's responsibilities are clearly stated in Section 6 of the "Principles of Ethics" of the ADA, namely: "The dentist has an obligation to protect the health of his patients by not delegating to a person less qualified any service or operation which requires the professional competence of a dentist."

Although legally each individual is responsible for those wrongs against a patient that he or she may commit, the dentist is also held responsible when they are committed by anyone functioning under his or her direct control. The dentist has the *final responsibility* for the actions of auxiliaries.

Expanded Duties

Some states authorize dentists to delegate to dental assistants and hygienists new and additional tasks of greater skill and responsibility which were formerly performed only by the dentist. These are called *expanded duties*. They may include taking impressions, cementing crowns, or carving amalgams. These expanded duties are subject to individual interpretation.

Often a dental assistant may be directed to perform a certain function, the legality of which may not be clear. If the act is one about which there may be a question of legality, the cautious auxiliary will bring this to the attention of the dentist in a courteous but straightforward manner.

Duties of Auxiliary Personnel

The State Dental Practice Act clearly states the permitted duties for all dental services auxiliaries. The following information on duties of the dental hygienist and the dental assistant is taken from the Texas State Dental Practice Act.

Dental Hygienist

Definition: A dental hygienist is one who possesses the qualifications prescribed by the laws of the State and who possesses a valid certificate and current registration receipt issued by the Texas State Board of Dental Examiners to so practice.

Permitted duties: A dental hygienist may perform the following services and procedures in the dental office of the dentist-employer under his/her general supervision, direction, and responsibility, to wit:

(a) The removal of accumulated matter, tartar, deposits, accretions, or stains, except mottled enamel stains, from the natural and restored surfaces of human teeth, and restorations therefor to the depth of the free gingiva attachment in the human mouth and the polishing of said surfaces.

(b) Topical application of drugs to the surface tissues of the human mouth and to the exposed surface of human teeth.

(c) Expose and develop radiographs.

(d) Take and record pulse, blood pressure, and temperature.

(e) Floss the teeth, make preliminary inspection of the mouth and teeth, and chart the findings.

(f) Remove or receive removable dental prostheses for cleaning or repair.

(g) Insert cleaned or repaired removable dental prosthesis under the dentist's general supervision.

(h) Place or remove celluloid or plastic strips between teeth for subsequent placement of filling by the dentist. Place or remove temporary nonmetallic separating devices; place or remove preformed crowns or bands for determining size only, under the direct supervision of the dentist. The dentist shall shape, festoon, contour, fit, seat, or cement all crowns and bands.

(i) Place ligatures only on those sections of arch wires which have been securely seated in the bracket or tube by the dentist, and

under the direct supervision of the dentist.

(j) Remove ligature ties, cut and tuck ligatures, remove tension devices, and any loose or broken bands or arch wires, under the general supervision of the dentist.

(k) A tension device usually or normally placed in the mouth of a patient by such patient, may be placed in such patient's mouth under the direct supervision of the dentist. A tension device not controllable by the patient shall only be placed and/or activated by the dentist.

(l) Place or remove rubber dam under the direct supervision of the dentist.

(m) Remove sutures under the general supervision of the dentist.

(n) Insert or remove temporary medicinal fillings with hand instruments under the general supervision of the dentist. This does not include alloy, gold, plastics, porcelain, composites, or any restorative material.

(o) Insert or remove socket dressings under the general supervision of the dentist.

(p) Place or remove periodontal packs under the general supervision of the dentist.

(q) Make dental plaque and oral mucosal smears.

(r) Under the direct supervision of the dentist, apply pit and fissure sealants.

Note A. The fitting, adaptation, seating, and cementation of any fixed dental appliance or restoration, including but not limited to inlays, crowns, bands, space maintainers or regainers, habit devices, or splints, whether temporary or permanent, shall only be done by the dentist.

Note B: Pit and fissure sealants may only be applied by the dentist and by a dental hygienist who has successfully completed a course of instruction approved by the Texas State Board of Dental Examiners.

Dental Assistant

Definition and Permitted Duties. A dental assistant is one who is employed by and works in the office of a licensed, registered, and practicing dentist; and who performs one or more of the following acts or services for such dentist under the dentist's general supervision, direction, and responsibility, to-wit:

(a) Serve as the dentist's chairside assistant.

(b) Apply topical applications of drugs prescribed by the dentist.

(c) Expose and develop dental radiographs.

(d) Take and record pulse, blood pressure, and temperature.

(e) Make preliminary inspection of the mouth and teeth using floss and mouth mirror only, and chart the findings.

(f) Receive removable dental prostheses for cleaning or repair.

(g) Place or remove celluloid or plastic strips between teeth for subsequent placement of filling by the dentist. Place or remove temporary nonmetallic separating devices; place or remove preformed crowns or bands for determining size, under the direct supervision of the dentist. The dentist shall shape, festoon, contour, fit, seat, or cement all crowns and bands.

(h) Place ligature wires only on those sections of arch wires which have been securely seated in the bracket or tube by the dentist, under the direct supervision of the dentist.

(i) Remove ligatures, cut and tuck ligatures, remove tension devices and any loose or broken bands or arch wires, under the general supervision of the dentist.

(j) A retaining device usually or normally placed in the mouth of a patient by such patient may be placed in such patient's mouth under the direct supervision of the dentist. A retaining device not controllable by the patient shall only be placed and/or activated by the dentist.

(k) Place or remove rubber dam under the direct supervision of the dentist.

(l) Remove sutures under the general supervision of the dentist.

(m) Remove cement, food, and loose debris from dental restorations and appliances from the tooth crown and soft tissues with

hand instruments or consumer items available to the public.

(n) Insert or remove temporary medicinal fillings with hand instruments under the direct supervision of the dentist. This does not include alloy, gold, plastics, porcelain, composites, or other restorative material.

(o) Remove socket dressings under the direct supervision of the dentist.

(p) Remove periodontal pack under the direct supervision of the dentist.

(q) Make dental plaque or oral mucosal smears.

(r) Apply topical fluoride immediately after oral prophylaxis by the dentist or the dental hygienist.

Note A: The fitting, adaptation, seating, and cementation of any fixed dental appliance or restoration, including but not limited to inlays, crowns, bands, space maintainers or regainers, habit devices, or splints, whether temporary or permanent, shall only be done by the dentist.

Note B: Pit and fissure sealants may only be applied by the dentist and by a dental hygienist who has successfully completed a course of instruction approved by the Texas State Board of Dental Examiners.

Preventing Malpractice

Prevention is the best defense against malpractice, and many important preventive steps are the assistant's responsibilities:

Confidentiality: Statements made by anyone at the time of an alleged negligent act are admissible as evidence and could be damaging to the dentist's interest.

Consent: Written consent is preferable, although verbal consent is acceptable. A patient entering a dental office implies consent for at least a dental examination.

Patient Records: This evidence can be crucial in a malpractice case. Records should be accurate, complete, detailed, up-to-date, and in ink at all times. Altered records are not acceptable. Records should include:

- health history (up-to-date)
- treatment plans
- record of treatment
- notation of dates of any broken appointments
- copies of correspondence with patient
- X rays (properly identified and dated)

Radiographs: Can be used as legal safeguards. They must be:

- of diagnostic quality when taken
- properly processed
- properly dated and identified
- kept for the period of the statute of limitations

Diagnostically poor X rays are worthless and could damage the dentist's case.

Other Preventive Steps: To ensure good patient care and to avoid legal problems, keep these guidelines in mind:

- Confirm identity of patient before treatment. Avoid leaving any patient alone in a treatment room.
- Instruments and equipment should be maintained in perfect working order and should be sterilized or disinfected.
- Emergency equipment should be available. The assistant should know how to use *all* emergency equipment and have emergency phone numbers posted beside the phone.
- Medications should not be dispensed except on instruction from the dentist. Check and double-check the patient, the label, and the dosage.
- The assistant should be thorough and careful with suctioning procedures to ensure that the patient does not swallow any foreign bodies.
- The assistant should act as the "third person" and stay in the treatment room when the dentist examines a patient.
- Patient walkways must be kept clear of hazards.
- The assistant should not exceed the professional abilities or responsibilities as limited by the educational qualifications or the State Dental Practice Act.

Professional Conduct

Being a dental assistant is somewhat like being an ambassador in a foreign country. What kind of an impression are you creating for the profession of dentistry?

Dental assistants become a personal advertisement for the office in which they work. The standard of professional conduct for a dental assistant is *dignified, efficient,* and *tactful but friendly.*

Dental Assistant's Pledge

The following shall be the official pledge of the American Dental Assistants Association, as written by Dr. Charles Nelson Johnson of Chicago, Illinois, first advisor to the Association.

> "I solemnly pledge that, in the practice of my profession, I will always be loyal to the welfare of the patients who come under my care, and to the interest of the practitioner whom I serve. I will be just and generous to the members of my profession, aiding them and lending them encouragement, to be loyal, to be just, to be studious. I hereby pledge to devote my best energies to the service of humanity in that relationship of life to which I consecrated myself when I elected to become a dental assistant."

Dental Assistant's Creed

This creed was written for the American Dental Assistants Association by Juliette A. Southard:

- To be loyal to my employer, my calling and myself.
- To develop initiative—having the courage to assume responsibility and the imagination to create ideas and develop them.
- To be prepared to visualize, take advantage of, and fulfill the opportunities of my calling.
- To be a co-worker—creating a spirit of cooperation and friendliness rather than one of faultfinding and criticism.
- To be enthusiastic—for therein lies the easiest way to accomplishment.
- To be generous, not alone of my name but of my praise and my time.
- To be tolerant with my associates, for at times I too make mistakes.
- To be friendly, realizing that friendship bestows and receives happiness.
- To be respectful of the other person's viewpoint and condition.
- To be systematic, believing that system makes for efficiency.
- To know the value of time for both my employer and myself.
- To safeguard my health, for good health is necessary for the achievement of a successful career.
- To be tactful—always doing the right thing at the right time.
- To be courteous—for this is the badge of good breeding.
- To walk on the sunny side of the street, seeing the beautiful things in life rather than fearing the shadows.
- To keep smiling always.

As a student you are representing your school, your instructor, and your family, as well as the profession in which you have chosen to work. It is wise to always remember *who* you are, *where* you are, and *what* you represent. Because dentistry is a personal health service, the relationship between the dentist and the patient is one of mutual confidence. The patient has the right to privacy, and it is the responsibility of the dentist and the auxiliaries to protect that right. What is said in the office is left in the office.

Professional Grooming

The dentist and the practice are judged by the appearance of the professional staff. Their appearance must reflect the dentist's standards. Thus, the final recommendations in uniform selection will be left to the dentist-employer. However, the assistant can apply certain basic rules. The uniform selected should—

1. present a pleasing, *professional* appearance:
2. be appropriate to the work situation; and
3. be comfortable and easy to wear, fit well, and not require continuous adjustments.

Jewelry, except for a watch, should not be worn. A smooth ring is acceptable, but mercury is extremely detrimental to rings and mountings. Other jewelry can be a safety hazard around equipment.

Poorly groomed nails are a hiding place for bacteria, and the assistant can easily spread disease. Nails should be kept short. Colored nail polish is discouraged. If a light-colored polish is worn, it must be kept in excellent condition. Bacteria can grow in between the layers of chipped polish.

Personal oral hygiene is an added courtesy and consideration to others. Remember, you are a walking advertisement for the dental profession.

If you *must* smoke during work hours, be sure that your clothes, breath, and hands are free of the smell and stains of tobacco. This odor is very offensive to those who do not smoke. The dental patient is often in a stressful situation. Any offensive odor can only add to his or her negative feelings about the dental office.

A study of communication techniques can improve speaking and listening abilities. Patients who listen to you talk assume what kind of person you are from the tone of your voice, the formation of your words, the pace at which you speak, and the choice of your words.

Interpersonal Relationships

A major part of each day is spent in *close contact* with the people you work with. If all relationships in an office can be maintained in a friendly atmosphere, office routines can be smooth.

If personalities of any of the auxiliaries or the dentist clash, and friction or stress develops, then working conditions become unpleasant and intolerable.

It is far better to terminate an intolerable employment situation before serious problems occur than to remain and possibly tarnish your employment record.

Excessive familiarity can cause misunderstandings, and if allowed to continue, the moral conduct of you and/or the employer could come under public or even legal scrutiny.

It is important to work closely together, yet keep your personal activities out of the dental office. Even as a student, situations may arise where mature and ethical judgments will be demanded of you.

Staff conferences can offer an opportunity to air differences and solve problems. Proper use of this time can save an office from losing a good employee.

Professional Organizations

A representative of the local or state professional organization can provide current legal and educational information. The telephone book or a licensed professional can refer you to the proper person. Here are the addresses of some of the major professional organizations:

American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

American Dental Hygiene Association
211 East Chicago Avenue
Chicago, Illinois 60611

American Dental Assistants Association
666 North Lake Shore Drive
Chicago, Illinois 60611

Texas State Board of Dental Examiners
718 Southwest Tower
7th and Brazos
Austin, Texas 78701

National Association of Dental Laboratories
3801 Mount Vernon Avenue
Alexandria, Virginia 22305

Objectives: *After completing this unit, you will be able to–*

1. *correctly describe how to schedule the following:*
   a. *the child patient (preschool and school age),*
   b. *the special patient,*
   c. *the emergency patient,*
   d. *the new patient, and*
   e. *the recall patient;*
2. *describe the proper sequence for making an appointment;*
3. *correctly make an appointment book entry;*
4. *correctly complete an appointment card;*
5. *list the three principles for all appointment book entries; and*
6. *correctly complete a daily work sheet.*

Unit TWO

The Appointment Book

New Terms and Definitions

buffer time–time allotted for the scheduling of emergency patients.
cancellation–a called-off appointment.
down time–time of day when energy level may be low; opposite of *peak time*.
EDDA–expanded duty dental assistant.
EFDA–expanded function dental assistant.
legible–capable of being read.
peak time–time of day when energy level is at its highest; opposite of *down time*.
prophylaxis–professional cleaning of the teeth.
radiographs–X rays.
trauma–a hurt or wound to living tissue.
unit of time–usually considered to be 15 minutes.

The office phone rings, and you answer it promptly and courteously. The day has been going well. The caller is Mrs. Green (a patient your doctor has been treating). She has broken an anterior tooth and must see the doctor immediately. You check the appointment book and panic. Other members of the office staff have been writing in the book. Notes are written everywhere, and lines are drawn through first one name and then another. You can't begin to find a time for Mrs. Green, and she is becoming impatient. So much for your good day!

Crises, like this one, can be avoided, and the flow of patients through the office can be managed smoothly and efficiently. Correct handling of the appointment book will provide the maximum amount of dental care with the least amount of stress to the patient and the dental team.

Selecting the Appointment Book

Several types of appointment books are available for the dental office. The one selected should suit the office's policies and the number of persons who directly provide a dental care service (doctor, hygienist, EFDA/EDDA). Appointment books are available with these features:

- Loose-leaf, spiral, or bound.
- Showing three days or six days when the book is open.
- With each day divided into one, two, or three columns.
- With each day marked in either 15- or 30-minute intervals of time.
- With both the day and date printed and major holidays marked, or with only the day printed (you write in the date).

The most often selected appointment book has these features:

- Is spiral, because it lies flat, allowing it to be written in more easily.
- Shows six days when open, allowing the whole week's schedule to be seen at a glance.
- Has the days divided into two columns. Multiple columns (three or more) are used in offices where there is more than one dentist, hygienist, or EFDA/EDDA, or several books may be used (one for each person).
- Has the days marked in 15-minute intervals of time called *units*.

There is equal popularity between those books printed with the day and date and those with the day only.

Preparing the Appointment Book

When the appropriate appointment book has been selected, it must be prepared to accommodate the office activities. Certain basic information must be outlined in the book before appointment entries can be made. The appointment book is prepared in ink so that, even when you erase other entries, the basic outline of each day is still there.

Day and Date: Go through the book and write in the dates if they are not included in your book (see fig. 1).

Holidays: Write the name of the holiday at the top of the column, and draw an X over that day (see fig. 1).

Office Hours: Mark out with an X the time before the office opens and the time after it is closed, lunch hours, and routine days off (fig. 2).

Organizational Meetings: Cross out those days and times when your doctor and/or office staff will be out of the office attending community or professionally related meetings (fig. 3).

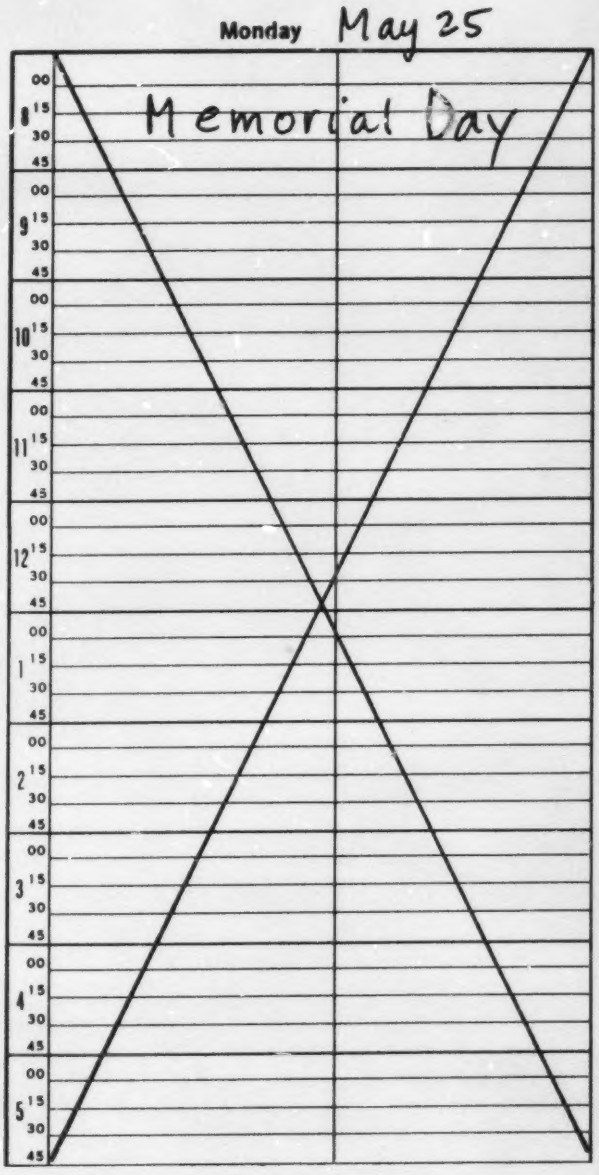

Figure 1

Staff Meetings: These are usually held once or twice a month to discuss office policies and business. Preferably they are held during regular office hours and not during the lunch hour or at the end of the day. This time is usually crossed out, and "staff meeting" is written in (fig. 4).

Buffer Period: This is either a one-unit or two-unit period set aside in the late morning or late afternoon for emergency patients. This period is indicated by brackets or is marked out with a bright felt-tip pen (fig. 5). Whatever method you use, it should attract your attention. If no emergency patients are

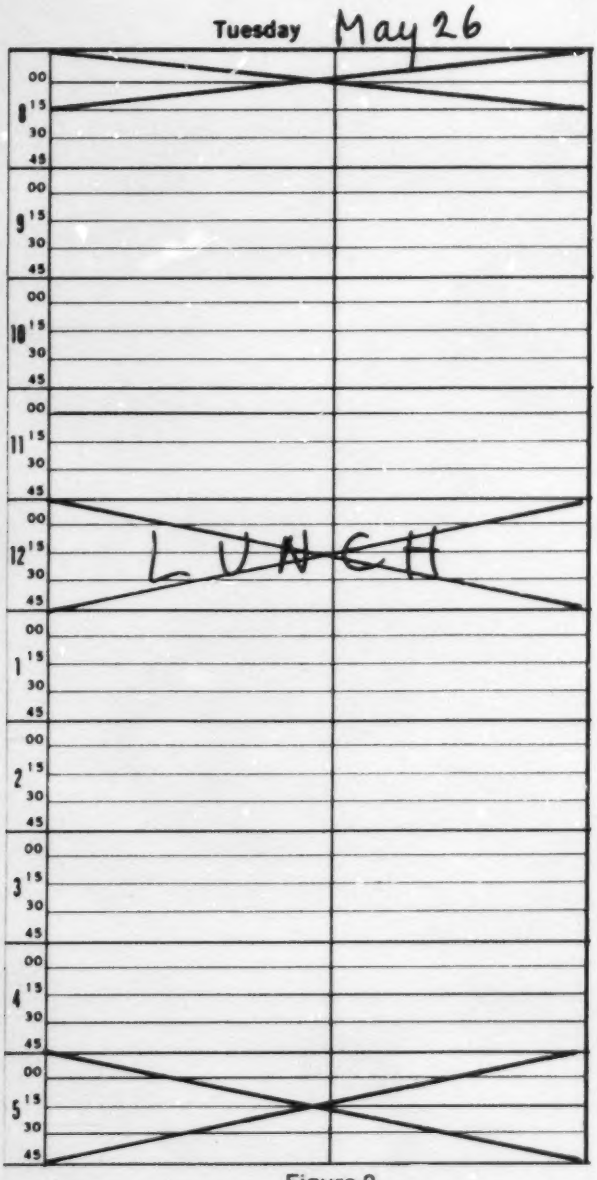

Figure 2

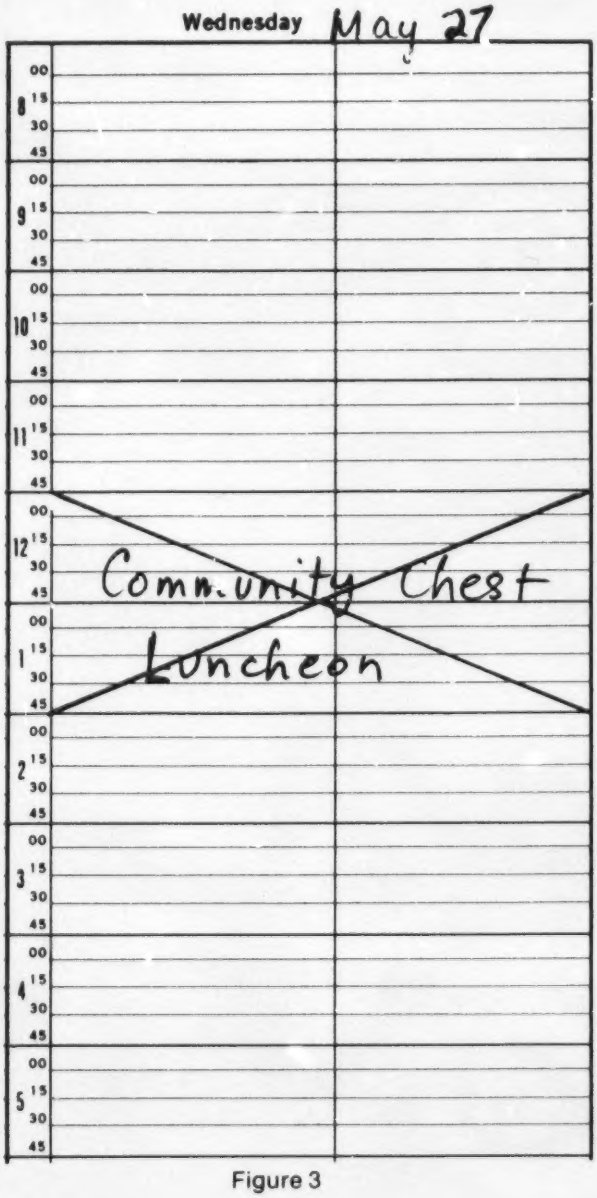

Figure 3

scheduled, this time can be used to answer the mail.

Factors to Consider When Scheduling Patients

Before you begin scheduling patients you must keep several factors in mind so that you remain in control of the appointment book, instead of the appointment book controlling you and the office.

The Doctor: The doctor must determine what part of the day he/she has the most energy and stamina. It is during this "peak time" that the difficult cases or those requiring greater concentration should be

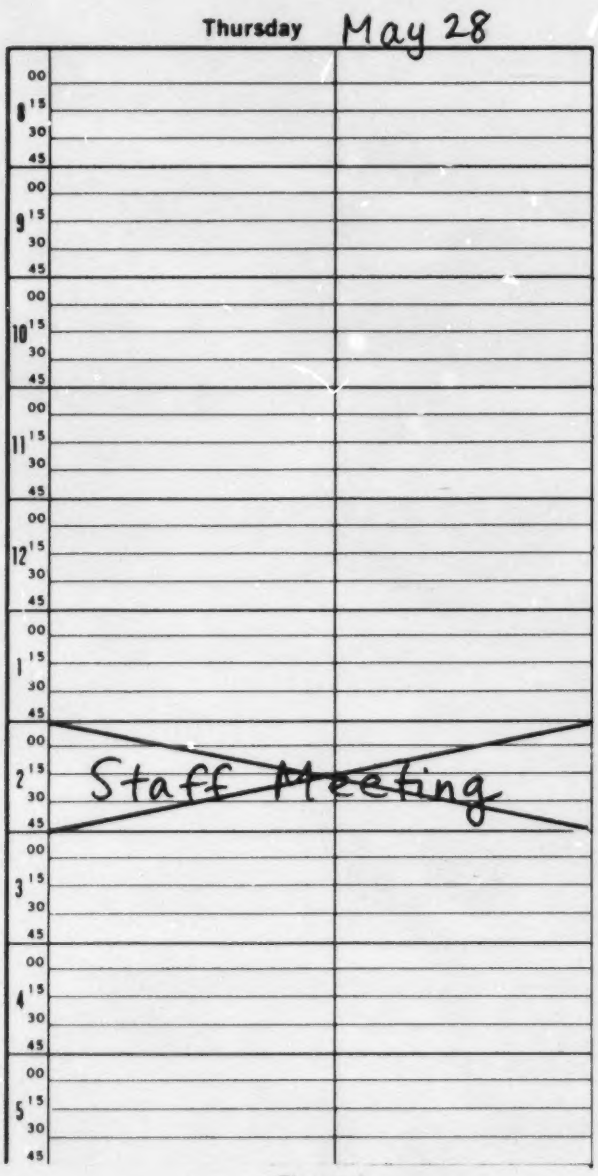

Figure 4

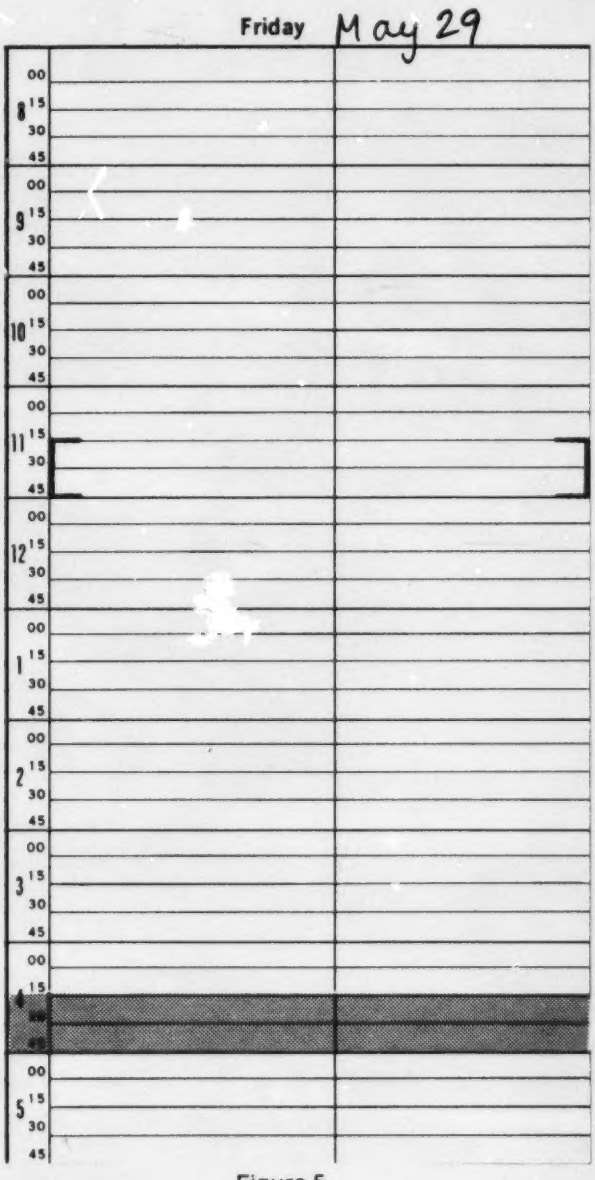

Figure 5

scheduled. This will eliminate unnecessary stress and strain on the doctor and the chairside assistant.

Children: All parents would like for their school-age children to be seen after school hours. Unfortunately, there are only so many hours in a day after 3:00 p.m., and everyone can't be seen at the same time. Explain to the parent that the doctor does give excuse slips for school and that appointments will be rotated so that the same class is not missed each visit. Preschool children should be scheduled for morning appointments. They are usually well rested and more cooperative at this time.

Emergencies: The buffer periods are for scheduling emergency patients with toothaches, lost restorations, and minor problems. Dental emergencies due to trauma (a fall or blow to the mouth) are treated as soon as the patient arrives at the office. This may mean that other patients will need to wait or be rescheduled. However, when the situation is explained, they are usually very understanding and cooperative.

The Special Patient: Some patients require special attention because of their age and/or medical condition. These patients should be given an appointment during that part of the day when they feel they are at their strongest.

The Recall Patient: Patients whose dental treatment has been completed are encouraged to return for periodic checkups. The length of time between these checkups is set by the dentist. During a recall appointment, the patient will have a prophylaxis, and sometimes bitewing radiographs will be taken. Recall patients will be scheduled with the hygienist. If the office does not have a hygienist, these patients should be scheduled during the dentist's "down time."

The New Patient: New patients should be instructed to arrive about 15 minutes before their scheduled appointment time. This will give them time to complete the acquaintance and medical forms before seeing the doctor.

Length of Appointments: Appointments scheduled for four units of time (1 hour) or more are known as "long" appointments. Those scheduled for one or two units of time (15 or 30 minutes) are known as "short" appointments. The doctor determines how much time is to be allotted for each procedure. A list of each procedure and the units of time allotted for it can be kept next to the appointment book for reference.

Procedure for Making an Appointment Book Entry

The appointment book is the heart of a dental office. All activities begin here. If the appointment book is in a confused and jumbled state, the workday will be just as confusing. The appointment book is for scheduling the business of the doctor and office staff and should not be used to schedule or record personal matters.

Three principles should be followed when making an appointment book entry:

1. **The entry must be in pencil.** If you make a mistake or if a patient cancels, *erase*. Do not mark through. Marked-through names cause confusion when you are trying to find available time slots.

2. **The entry must be complete.** For every patient, you will need to record the patient's name and the reason for the visit or what procedure is to be done (usually written in code). For new patients and emergency patients, you will also need to record a home and/or office telephone number (see fig. 6).

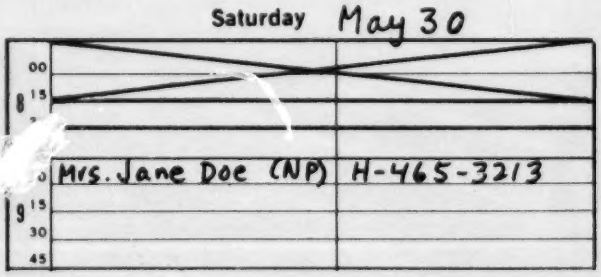

Figure 6

3. **The entry must be legible.** If you enter all of the correct information but cannot read it a day or week later, you have accomplished nothing. Whether you print or write, make sure it can be read and understood.

Nothing is more embarrassing or confusing than to have a patient come to the office for an appointment (with appointment card in hand) and the appointment book shows no record of that patient being scheduled. This problem can be eliminated by following this *sequence of listing:*

1. Write the patient's name in the appointment book (in pencil).
2. Fill out the patient's appointment card.
3. Check to be sure that the information recorded is the same in both places.

R—recall
AM—amalgam restoration
ADJ—adjustment
BWX—bitewing X rays
CA—corrective appliance
CB—crown and bridge
C—consultation
CR—composite restoration
DR—denture repair
EX—examination
E—extraction
EM—emergency
FMX—full mouth X rays
FT—fluoride treatment
GC—gold crown
I—gold inlay
NP—new patient
PT—perio treatment
P—prophylaxis
PO—postoperative check
POH—personal oral hygiene instruction
PJC—porcelain jacket crown
RC—root canal
SM—study models
H—home telephone number
O—office telephone number

Figure 7. Dental Procedure Codes

Dental Procedure Codes

When an appointment is recorded, the treatment or procedure is recorded in code, because of lack of space in the appointment book. The codes used are determined by the doctor and will vary from one office to another. Some examples of dental procedure codes are shown in figure 7.

The Appointment Card

The appointment card contains the day, date, and time the patient is to return for the next appointment. The card will also contain the doctor's name, the office address, and the office telephone number. Some cards also include a statement requesting that 24-hour notice be given when canceling an appointment. Appointment cards are designed to record either one appointment

M _____

HAS AN APPOINTMENT ON

_____ AT _____

IF UNABLE TO KEEP THIS APPOINTMENT, KINDLY GIVE 24 HOURS NOTICE

JOHN P. DOE, D.D.S.
901 BLUE RIDGE
GREEN, TEXAS 71305
(714) 234-5678

M _____

HAS AN APPOINTMENT ON

MONDAY _____ AT _____ O'CLOCK
TUESDAY _____ AT _____ O'CLOCK
WEDNESDAY _____ AT _____ O'CLOCK
THURSDAY _____ AT _____ O'CLOCK
FRIDAY _____ AT _____ O'CLOCK
SATURDAY _____ AT _____ O'CLOCK

IF UNABLE TO KEEP THIS APPOINTMENT, KINDLY GIVE 24 HOURS NOTICE

JOHN P. DOE, D.D.S.
901 BLUE RIDGE
GREEN, TEXAS 71305
(714) 234-5678

Figure 8

DAILY WORK SHEET

DAY: _____ DATE: _____

800		
15		
30		
45		
900		
15		
30		
45		
1000		
15		
30		
45		
1100		
15		
30		
45		
1200		
15		
30		
45		
100		
15		
30		
45		
200		
15		
30		
45		
300		
15		
30		
45		
400		
15		
30		
45		
500		
15		
30		
45		

Figure 9

only or a series of appointments (fig. 8). Appointment cards should be filled out in ink.

The Daily Work Sheet

Near the end of each day, a daily work sheet is prepared of the next day's schedule. A daily work sheet is almost a duplicate of the appointment book. It lists the patient's names, appointment times, and procedures to be done. Each morning a completed daily work sheet for that day is placed in the doctor's private office, in the laboratory, and in each operatory or treatment room. The work sheet keeps the doctor and office staff constantly informed of the day's activities.

Entries on the daily work sheet may be handwritten or typed, on a purchased form or one you have designed (see fig. 9).

The Call List

The call list is a list of persons who can come to the office when someone else has canceled an appointment on short notice. The call list contains the patient's name, telephone number, and treatment needed. Those on the call list either live or work in the general area of the office. They are patients who wish an earlier appointment should one become available, or patients who forgot to make an appointment after their last visit to the office. Recall patients may also be on this list as well as new patients awaiting their first appointment.

Writing in the Appointment Book

The patient's name is written in the left-hand column, and the procedure to be done is written in the right-hand column. All of this information is written on the line that corresponds with the appointment time.

Example: Mary Jones has an appointment at 10:00 a.m. for one amalgam restoration. The procedure will take one unit of time (fig. 10).

If a patient must be scheduled for more than one unit of time, a line is drawn from the patient's name down through the times involved. This shows that a specific block of time has been reserved for a patient

Example: John Ross has an appointment at 11:00 a.m. for three amalgam restorations. The procedure will take two units of time (fig. 11). The patient's name takes one unit, and the line blocks out the second unit.

Example: Mike Smith has an appointment at 1:00 p.m. for three gold crowns. The procedure will take three units of time (fig. 12).

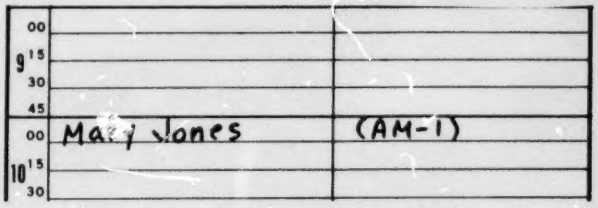

Figure 10

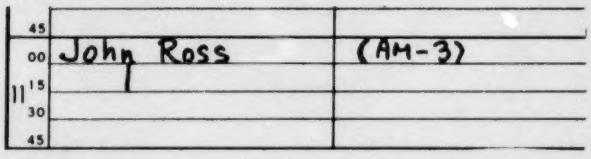

Figure 11

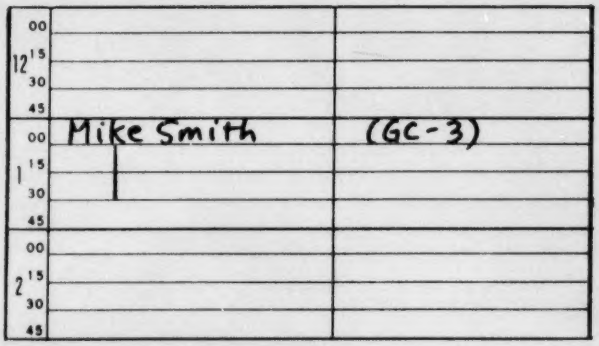

Figure 12

Objectives: *After completing this unit, you will be able to—*

1. *discuss factors that determine patient behavior;*
2. *tell how the auxiliary can help relieve patient fears;*
3. *explain what is meant by personal territory;*
4. *list professional words to use with dental patients;*
5. *name three factors that influence the dental health team; and*
6. *describe a problem-solving technique.*

Unit
THREE

Psychology for Dental Services Auxiliaries

New Terms and Definitions

empathy—the ability to understand the feelings of others. The caring to make the effort to understand others, and the ability to accept others as we find them. Empathy is the ability to see life through another's eyes and to feel it through another's heart.

socioeconomic—a combination of the words *social* and *economic*. The term refers to all the ethnic, cultural, family, social, and economic factors that make up a person's background.

Psychology of Patient Behavior

Dentistry is one health field that uses the psychology of patient behavior to advantage in establishing a practice. In humans, muscular reaction to light and color is observable. Red colors and bright lighting tend to increase tension. Blue colors and dim lighting tend to be relaxing.

When the dentist designs the office and selects colors, he/she hopes to set an atmosphere that will reduce the psychological stress patients associate with going to the dentist. The uniforms of the staff are professional, but a step away from the sterile white associated with hospitals. Background music is chosen to reduce tension and soothe thoughts. The reception area is designed to be as much like a comfortable living room as possible. Colors are chosen for their effect. Yellow is cheerful, green is most tranquil, and blue is most subduing and soothing.

Despite the many improvements in dentistry over the past decade, the prospect of a dental visit still evokes fear in some patients. The *expectation of pain*, not the actual pain, creates a psychologically threatening situation that places the patient under stress.

However, the average dental patient is likely to be cooperative during the course of treatment, report promptly for appointments, carry through on home care, and assume the financial obligations as arranged. The average patient will have a relaxed, friendly, casual relationship with the dentist and the staff.

Factors That Determine Patient Behavior

Many factors determine the patient's reaction to dental care. The patient's cultural background and present life situation affect behavior. Current tensions, conflicts, and anxieties add to the patient's apprehension. Other factors are social and work contacts, previous dental experiences, beliefs about the importance of teeth, and the reasons for the present dental visit.

In addition, the loss of any teeth carries the threat of bodily injury, loss of power, and aging. This can create high anxiety. Modern dentistry can save teeth, but the patient must first get to the dental office.

The patient's response to dental treatment and the dental health care team is not limited to what is being done or said at the time of treatment. The response is colored by the patient's personality and past experiences.

Role of the Auxiliary

Dental auxiliaries have an important role to play in helping the dentist provide dental care for patients. This involves not only assisting during treatment, but also reducing any possible fear and apprehension before treatment begins.

When a patient comes to the dental office, he or she brings all the emotions, past experiences, prejudices, strengths, and weaknesses that make that person a unique individual. The dental health care team can establish a level of trust and friendship with this person. We trust friends more than strangers. When patients feel that their dental visit is stressful, you can help them feel that they are among friends if you will do this:

1. Call the patient by name. However, do not call patients by their first name unless you are certain that that familiarity is acceptable to them (calling the full name can help you be sure you have the right patient and the right chart).
2. Be considerate of the patient as an individual. Take an interest in their hobbies or special events that seem to be of interest.
3. Wear a name tag, and introduce yourself to new patients.

Personal Territory

We all have personal territory, or *body zones*, which we keep around us like a protective bubble and which we do not allow just anyone to invade. These zones exist on a subconscious level. The exact sizes of these zones, the importance we attach to them, and the way we react to invasion of them are greatly influenced by our cultural heritage.

In general, there are four basic distances;

- *Intimate*—ranges from actual contact out to about 18 inches.
- *Personal*—"arm's length," from 1 to 3 feet; distance we maintain when holding a casual conversation with a friend.
- *Social*—4 to 7 feet; distance we prefer to use when transacting business.
- *Public*—25 feet; a public speaker is usually 25 feet away from the audience, with a podium between them.

Now, imagine how a dental patient feels when two relative strangers lean over the person, place their hands in the patient's mouth, and thus invade the patient's personal territory.

When forced into such a situation, a patient reacts by treating others as nonpersons. It is not a personal affront, but simply a way of saying, "You are too close; it makes me uneasy." It is not the result of, and is not directed at, the actions or personalities of the dental health care team. It is merely an expression of the patient's anxiety.

Communicating with Patients

In speaking to the dental patient, select words that can be understood. Take care to

avoid words that may be upsetting or misunderstood because they are emotionally loaded or have a double meaning.

This is a sample list of words that dental auxiliaries deal with every day. Do you hear yourself using some of these?

Common Usage	Professional Substitution
filling	silver restoration
cavities/rotten teeth	decayed area
full mouth X rays	necessary X rays
new methods	improved methods
old patient	regular or previous patient
tartar	calculus or hardened plaque
The doctor's tied up right now (busy).	The doctor's with a patient. May I help you?
I'm sorry, we never quote fees over the phone.	Even the doctor couldn't tell you a fee without examining the tooth, since each patient's case is different. I'll be glad to make an appointment for you to see the doctor.
shot	injection/anesthesia
hurt/pain	discomfort
drill a tooth	preparation
pyrorrhea	periodontal disease
pull/yank	remove/extract
trouble	difficulty
plate/false teeth	denture
operatory	treatment room
waiting room	reception area

The Dental Health Care Team

The dental team is a social system in that it is a group of people engaged in organized activities that are interrelated and interdependent. Team members are united by common goals and values related to the care of people who have dental problems.

Members of the team occupy specific positions or roles—dentist, chairside assistant, hygienist, receptionist, technician, accountant, and custodian. These positions may vary, or several may be combined, depending on the needs of the individual office, but all positions are interrelated.

A role is made up of specific tasks or physical operations. The auxiliary must understand and accept her/his role and its limitations. Also, the auxiliary should understand and accept the roles of other personnel and their relation to each other. This will help to maintain communication and cooperation between team members.

Factors That Influence the Dental Team

The authors of *Making Health Teams Work* identify three major factors that influence the effectiveness of a health team. These factors are mutual goals, clear identification

of job roles, and problem-solving or decision-making skills.

Mutual Goals

This refers to having all team members working toward the same goals. These are statements of "Why are we here?" "What do we want to accomplish?" and "How will we go about doing this?" It is easier to be cooperative when we know we are working toward a common purpose.

Clarification of Job Roles

Ideally, the dentist has developed a "Procedures Manual" that includes clearly stated job descriptions and lists of responsibilities for all staff members. It is your responsibility to learn, and perform, your tasks to the best of your ability. You should be willing to aid others when they need help.

Problem-Solving Skills

No matter how clearly a team understands its goals and jobs, problems are still bound to arise. The manner in which these are faced and resolved is of major importance to the effectiveness of the team.

Several types of decision-making or problem-solving techniques may be used. Here is one step-by-step problem-solving technique:

Step 1. State the problem. Clarify, define, and establish a definite problem.

Step 2. List all solutions. At this point, do not discount *any* solution. List all alternatives or choices.

Step 3. Eliminate unacceptable ideas.

Step 4. Rank solutions, using all available information, and choose the best solution to the problem.

Step 5. Try to solve the problem using the solution chosen.

Step 6. Evaluate the solution chosen. How will you know if a solution is working? It works if there is no longer a problem! Solutions can be reevaluated continually to check their usefulness.

Good communication within the dental health team does not just happen. It is something that must be worked at. Although communication does take many forms, the most effective form of communication is the direct, verbal exchange of views and ideas in the staff conference. Regular staff conferences should be planned to encourage better communication and to provide for a free exchange of thoughts and suggestions among the team members. The staff conference should also provide a means to work out problems while they are still minor.

Team members should also realize that griping, gossiping, and complaining among themselves are *not* appropriate methods for problem solving. Working together as a team can be exciting and fulfilling.

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